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FORM**

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		Application Number	10/788,645
		Filing Date	Feb 27, 2004
		First Named Inventor	Friday, Robert J.
		Art Unit	2617
		Examiner Name	Fred A. Casca
Total Number of Pages in This Submission		Attorney Docket Number	53797

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Alter Allowance communication to (TC)	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
<table border="1"> <tr> <td>Remarks</td> </tr> </table>			Remarks
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Mark J. Spolyar		
Signature	/Mark James Spolyar/		
Printed name	Mark James Spolyar		
Date	May 16, 2007	Reg. No.	42164

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Mark James Spolyar
Date	May 16, 2007

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